

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012706 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 03/05/2015 |
| NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS ALZHEIMER'S SPECIAL CARE CENTI | | STREET ADDRESS, CITY, STATE, ZIP CODE 3203 MOORES PIKE ROAD BLOOMINGTON, IN 47401 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00168619.</p> <p>Complaint IN00168619 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: March 5, 2015</p> <p>Facility number: 012706 Provider number: 012706 AIM number: N/A</p> <p>Survey team: Susan Worsham, RN- TC</p> <p>Census bed type: Residential: 57 Total: 57</p> <p>Census payor type: Other: 57 Total: 57</p> <p>Sample: 02</p> <p>Autumn Hills Alzheimer's Special Care Center was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00168619.</p> <p>Quality Review 03/05/15 by Lisa McColly</p> | R 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE